



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

RECEIVED

Application Number	09/518,931
Filing Date	March 3, 2000
First Named Inventor	Gentz et al.
Examiner Name	O'Hara E.
Group Art Unit	1632 CH CENTER 1600/2900
Attorney Docket Number	PF454P1
Total amount of payment	\$180.00

METHOD OF PAYMENT						FEE CALCULATION (continued)																																																																																																																																																																														
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 08-3425</p> <p>Deposit Account Name Human Genome Sciences, Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other*</p>						<p>3. ADDITIONAL FEES</p> <table><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr><tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr><tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr><tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr><tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr><tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr><tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr><tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr><tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr><tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr><tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>180</td></tr><tr><td>581</td><td>40</td><td>481</td><td>40</td><td></td></tr><tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr><tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr><tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr><tr><td colspan="5">Other fee (specify):</td><td></td></tr><tr><td colspan="5">Other fee (specify):</td><td></td></tr><tr><td colspan="5">Other fee (specify):</td><td></td></tr><tr><td colspan="5">SUBTOTAL (3)</td><td>\$180.00</td></tr></tbody></table>						Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	390	216	195		117	890	217	445		118	1,390	218	695		128	1,890	228	945		119	310	219	155		120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,240	241	620		142	1,240	242	620		143	440	243	220		144	600	244	300		122	130	122	130		123	50	123	50		126	180	126	180	180	581	40	481	40		146	710	246	355		149	710	249	355		179	710	279	355		169	900	169	900		Other fee (specify):						Other fee (specify):						Other fee (specify):						SUBTOTAL (3)					\$180.00
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																																																
105	130	205	65																																																																																																																																																																																	
127	50	227	25																																																																																																																																																																																	
139	130	139	130																																																																																																																																																																																	
147	2,520	147	2,520																																																																																																																																																																																	
112	920*	112	920*																																																																																																																																																																																	
113	1,840*	113	1,840*																																																																																																																																																																																	
115	110	215	55																																																																																																																																																																																	
116	390	216	195																																																																																																																																																																																	
117	890	217	445																																																																																																																																																																																	
118	1,390	218	695																																																																																																																																																																																	
128	1,890	228	945																																																																																																																																																																																	
119	310	219	155																																																																																																																																																																																	
120	310	220	155																																																																																																																																																																																	
121	270	221	135																																																																																																																																																																																	
138	1,510	138	1,510																																																																																																																																																																																	
140	110	240	55																																																																																																																																																																																	
141	1,240	241	620																																																																																																																																																																																	
142	1,240	242	620																																																																																																																																																																																	
143	440	243	220																																																																																																																																																																																	
144	600	244	300																																																																																																																																																																																	
122	130	122	130																																																																																																																																																																																	
123	50	123	50																																																																																																																																																																																	
126	180	126	180	180																																																																																																																																																																																
581	40	481	40																																																																																																																																																																																	
146	710	246	355																																																																																																																																																																																	
149	710	249	355																																																																																																																																																																																	
179	710	279	355																																																																																																																																																																																	
169	900	169	900																																																																																																																																																																																	
Other fee (specify):																																																																																																																																																																																				
Other fee (specify):																																																																																																																																																																																				
Other fee (specify):																																																																																																																																																																																				
SUBTOTAL (3)					\$180.00																																																																																																																																																																															
<p>1. BASIC FILING FEE</p> <table><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>\$</td></tr></tbody></table>						Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee		106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)					\$																																																																																																																																					
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																																															
101	710	201	355	Utility filing fee																																																																																																																																																																																
106	320	206	160	Design filing fee																																																																																																																																																																																
107	490	207	245	Plant filing fee																																																																																																																																																																																
108	710	208	355	Reissue filing fee																																																																																																																																																																																
114	150	214	75	Provisional filing fee																																																																																																																																																																																
SUBTOTAL (1)					\$																																																																																																																																																																															
<p>2. EXTRA CLAIM FEES</p> <table><thead><tr><th>Total Claims</th><th>Independent Claims</th><th>Multiple Dependent</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>0</td><td>-20*</td><td>0</td><td>\$18.00</td><td>0.00</td><td></td></tr><tr><td>0</td><td>-3*</td><td>0</td><td>\$80.00</td><td>0.00</td><td></td></tr><tr><td colspan="5">Multiple Dependent</td><td>\$0.00</td></tr></tbody></table>						Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid	0	-20*	0	\$18.00	0.00		0	-3*	0	\$80.00	0.00		Multiple Dependent					\$0.00																																																																																																																																																							
Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid																																																																																																																																																																															
0	-20*	0	\$18.00	0.00																																																																																																																																																																																
0	-3*	0	\$80.00	0.00																																																																																																																																																																																
Multiple Dependent					\$0.00																																																																																																																																																																															
<p>Large Entity Fee Code</p> <table><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>108</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>\$0.00</td></tr></tbody></table>						Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple dependent claim, if not paid		108	80	209	40	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					\$0.00																																																																																																																																					
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																																															
103	18	203	9	Claims in excess of 20																																																																																																																																																																																
102	80	202	40	Independent claims in excess of 3																																																																																																																																																																																
104	270	204	135	Multiple dependent claim, if not paid																																																																																																																																																																																
108	80	209	40	** Reissue independent claims over original patent																																																																																																																																																																																
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																
SUBTOTAL (2)					\$0.00																																																																																																																																																																															
<p>** or number previously paid, if greater: For Reissues, see above</p>																																																																																																																																																																																				

Submitted By		Complete (if applicable)	
Name (Print/Type)	Jonathan L. Klein	Registration No.:	41,119
Signature:		Telephone	301-251-6015
		Date:	May 4, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 7173

Bib Data Sheet

SERIAL NUMBER 09/518,931	FILING DATE 03/03/2000 RULE	CLASS 514	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF454P1
APPLICANTS Reiner L. Gentz, Rockville, MD; Reinhard Ebner, Gaithersburg, MD; Guo-Liang Yu, San Mateo, CA; Steven M. Ruben, Olney, MD; Jian Ni, Rockville, MD; Ping Feng, Gaithersburg, MD;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/121,774 03/04/1999 AND CLAIMS BENEFIT OF 60/124,092 03/12/1999 AND CLAIMS BENEFIT OF 60/131,279 04/27/1999 AND CLAIMS BENEFIT OF 60/131,964 04/30/1999 AND CLAIMS BENEFIT OF 60/146,371 08/02/1999 AND CLAIMS BENEFIT OF 60/168,235 12/01/1999 WHICH IS A CIP OF 09/006,352 01/13/1998 WHICH CLAIMS BENEFIT OF 60/035,496 01/14/1997				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/15/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MD	SHEETS DRAWING 13	TOTAL CLAIMS 23
INDEPENDENT CLAIMS 5				
ADDRESS 22195				
TITLE Tumor necrosis factor receptors 6alpha & 6beta				
FILING FEE RECEIVED 6064	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



FILE COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gentz et al.

Application Serial No.: 09/518,931

Art Unit: 1632

Filed: March 3, 2000

Examiner: O'Hara. E.

For: Tumor Necrosis Factor

Attorney Docket No.: PF454P1

Receptors 6alpha & 6beta

TECH CENTER 1600/2900

SEP 04 2001

RECEIVED

REQUEST FOR CORRECTION OF FILING RECEIPT

Assistant Commissioner for Patents

Washington, D.C. 20231

Attn: Customer Service Center

Office of Initial Patent Examination

Sir:

Applicants respectfully request that the enclosed filing receipt be corrected.

Shown below is the current text under the section entitled "Continuing Data as Claimed by Applicant" with desired corrections shown in bold. More specifically, deletions are indicated by strikeout and insertions are indicated with underlining.

~~THIS APPLICATION IS A CIP OF 09/006,352 01/13/98~~

THIS APPLICATION ~~WHICH~~ CLAIMS BENEFIT OF 60/121,774 03/04/1999

AND ~~WHICH~~ CLAIMS BENEFIT OF 60/124,092 03/12/1999

AND ~~WHICH~~ CLAIMS BENEFIT OF 60/131,279 04/27/1999

AND ~~WHICH~~ CLAIMS BENEFIT OF 60/131,964 04/30/1999

AND ~~WHICH~~ CLAIMS BENEFIT OF 60/146,371 08/02/1999

AND ~~WHICH~~ CLAIMS BENEFIT OF 60/168,235 12/01/1999

THIS APPLICATION IS A CIP OF 09/006,352 01/13/98

WHICH CLAIMS BENEFIT OF 60/035,496 01/14/1997

The requested corrections are also indicated in red ink on the enclosed duplicate of the filing receipt. Additionally, the Applicants have enclosed a diagram which graphically shows the relationship between these cases which we hope will be of assistance in making the requested corrections.

The following shows how Applicants wish the section entitled "Continuing Data as Claimed by Applicant" to read after the above requested corrections have been made:

THIS APPLICATION CLAIMS BENEFIT OF 60/121,774 03/04/1999

AND CLAIMS BENEFIT OF 60/124,092 03/12/1999

AND CLAIMS BENEFIT OF 60/131,279 04/27/1999

AND CLAIMS BENEFIT OF 60/131,964 04/30/1999

AND CLAIMS BENEFIT OF 60/146,371 08/02/1999

AND CLAIMS BENEFIT OF 60/168,235 12/01/1999

THIS APPLICATION IS A CIP OF 09/006,352 01/13/98

WHICH CLAIMS BENEFIT OF 60/035,496 01/14/1997

No fee is believed due in connection with this request. However, should the Patent Office deem otherwise, please charge the required fee to Deposit Account No. 08-3425. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: MAY 4, 2001


Jonathan L. Klein (Reg. No. 41,119)
Attorney/Agent for Applicants

Human Genome Sciences, Inc.
9410 Key West Avenue
Rockville, MD 20850
(301) 251-6015 (phone)

JKE/MS/ks

FILING RECEIPT



OC00000005117892

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/518,931	03/03/2000	1632	900	PF454P1	13	23	5

Jonathan L Klein
Human Genome Sciences Inc
9410 Key West Avenue
Rockville, MD 20850

Date Mailed: 05/15/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Reiner L. Gentz, Rockville, MD ;
Reinhard Ebner, Gaithersburg, MD ;
Guo-Liang Yu, San Mateo, CA ;
Steven M. Ruben, Olney, MD ;
Jian Ni, Rockville, MD ;
Ping Feng, Gaithersburg, MD ;

Continuing Data as Claimed by Applicant

~~THIS APPLICATION IS A CIP OF 09/006,352 01/13/1998~~
~~THIS APPLICATION WHICH CLAIMS BENEFIT OF 60/121,774 03/04/1999~~
~~AND WHICH CLAIMS BENEFIT OF 60/124,092 03/12/1999~~
~~AND WHICH CLAIMS BENEFIT OF 60/131,279 04/27/1999~~
~~AND WHICH CLAIMS BENEFIT OF 60/131,964 04/30/1999~~
~~AND WHICH CLAIMS BENEFIT OF 60/146,371 08/02/1999~~
~~AND WHICH CLAIMS BENEFIT OF 60/168,235 12/01/1999~~
 THIS APPLICATION IS A CIP OF 09/006,352
 WHICH CLAIMS BENEFIT OF 60/035,496

01/13/1998
01/14/1997

Foreign Applications

If Required, Foreign Filing License Granted 05/15/2000

Title

Tumor necrosis factor receptors 6alpha & 6beta

Tumor Necrosis Factor 6 α and 6 β Patent Family Tree

